



## **GENERAL INFORMATION**

**NOTE: Coverage and reimbursement for both Title XIX (Medicaid-AHCCCS) and Title XXI (KidsCare) services are explained in this chapter. The covered services, limitations, and exclusions described are global in nature and are listed in this chapter to offer general guidance to providers. More detail is at: [http://www.ahcccs.state.az.us/Publications/BehavioralHealth/behavioralhealth\\_ind\\_ex.asp](http://www.ahcccs.state.az.us/Publications/BehavioralHealth/behavioralhealth_ind_ex.asp).**

AHCCCS covered behavioral health services include:

- ☒ Inpatient hospital services
- ☒ Inpatient psychiatric facilities (Level I residential treatment centers and Level I sub-acute facilities)
- ☒ Institution for mental disease (IMD) with limitations
- ☒ Partial care (supervised day program, therapeutic day program, medical day program)
- ☒ Individual therapy and counseling
- ☒ Group and/or family therapy and counseling
- ☒ Emergency/crisis behavioral health services
- ☒ Behavior management (behavioral health personal assistance, family support, peer support)
- ☒ Evaluation and diagnosis
- ☒ Psychotropic medication, including adjustment and monitoring of medication
- ☒ Psychosocial rehabilitation (living skills training; health promotion; pre-job training, education and development; job coaching; and employment support)
- ☒ Laboratory and radiology services for medication regulation and diagnosis
- ☒ Screening
- ☒ Case management services
- ☒ Emergency transportation
- ☒ Non-emergency transportation
- ☒ Respite care (with limitations)
- ☒ Therapeutic foster care services

## ACUTE CARE PROGRAM SERVICES

- ☒ Title XIX and Title XXI (KidsCare) recipients enrolled with a health plan
  - ✓ Title XIX and Title XXI recipients are eligible for the comprehensive package of behavioral health services through the Arizona Department of Health Services, Division of Behavioral Health Services' (ADHS/DBHS) subcontractors.
    - ☒ These subcontractors are the Regional Behavioral Health Authorities (RBHAs) and Tribal RBHAs (TRBHAs).
  - ✓ Health plans are responsible for UP TO (no more than) 72 hours of inpatient emergency behavioral health services, depending upon when the member has been determined eligible for behavioral health services by the RBHA. (Refer to AHCCCS rule R9-22-210.01, effective December 2005 which describes these requirements). ADHS (and its RBHAs) are responsible for all other services, with the exception of 1.) BH **screening and evaluation services** which are the responsibility of **the County** as specified in State Statute AND 2.) BH services by health plan members during **prior period coverage** which are the responsibility of the **acute care health plan**.
- ☒ Title XIX and Title XXI recipients enrolled with Indian Health Services (IHS)
  - ✓ These recipients may receive all available services from IHS or a Tribal 638 facility.
  - ✓ If a covered behavioral health service is not available through IHS or a 638 facility, the member must enroll with a TRBHA, if available, or a RBHA to receive the service.
- ☒ The Arizona Department of Economic Security provides comprehensive medical services through the Comprehensive Medical and Dental Plan (CMDP) statewide.
  - ✓ Behavioral health services for these members are provided through the RBHAs or TRBHAs.



## **ALTCS PROGRAM SERVICES**

- ☒ ALTCS recipients are eligible for the comprehensive package of services through the ALTCS program contractors.
- ✓ The Elderly and Physically Disabled (EPD) program contractors provide behavioral health services through contracts with licensed behavioral health professionals and/or behavioral health agencies.
- ✓ DES/DDD has an intergovernmental agreement with ADHS/DBHS to provide comprehensive Title XIX behavioral health services to their members through the RBHAs or TRBHAs.
- ✓ Tribal contractors provide case management services to Native Americans who reside on reservation.
- ☒ Members enrolled with Tribal Contractors may receive behavioral health services on a fee-for-service basis from any AHCCCS fee-for-service provider with prior authorization from the Fee for Service Prior Authorization Unit.

## **EMERGENCY SERVICES**

Emergency behavioral health services means those behavioral health services provided for the treatment of an emergency behavioral health condition.

Emergency behavioral health condition means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- ✓ Placing the health of the person, including mental health, in serious jeopardy;
- ✓ Serious impairment of bodily functions;
- ✓ Serious dysfunction of any bodily organ or part; or
- ✓ Serious physical harm to another person.

Providers of emergency behavioral health services must verify a recipient's eligibility and enrollment status to determine the need for notification and to determine who is responsible (e.g., ALTCS contractor, health plan, RBHA/TRBHA, the AHCCCS Administration) for payment for services rendered.

Claims for emergency services do not require prior authorization, but the provider must submit documentation with the claim which justifies the emergent nature of the service.



## **RESPONSIBILITY FOR EMERGENCY SERVICES**

For recipients enrolled in an acute care health plan (other than IHS), ALTCS DES/DDD, and DES/CMDP, check to see if the recipient is enrolled with a RBHA or TRBHA.

- ☒ If the recipient is enrolled with a RBHA:
  - ✓ Emergency Department: Responsibility of the RBHA is limited to psychiatrist/psychologist consults provided in the emergency department.
    - ☒ Prior authorization for these consults is not required if associated with an emergency.
    - ☒ All other medical services provided in the emergency department are the responsibility of the recipient's health plan.
  - ✓ Inpatient: Hospitalization for detoxification or a behavioral health disorder is the RBHA's responsibility.
- ☒ If the recipient is enrolled with a TRBHA (for services provided in a non-IHS, non-638 tribal facility):
  - ✓ Emergency Department: All claims, including psychiatrist/psychologist consults, are the responsibility of ADHS with AHCCCS paying claims as the Third Party Administrator (TPA) for ADHS.
  - ✓ Inpatient: Hospitalization for detoxification or behavioral health disorder is the responsibility of ADHS with AHCCCS paying claims as the TPA for ADHS.
- ☒ If the recipient is NOT enrolled with a RBHA or TRBHA:
  - ✓ Emergency Department: All claims, including psychiatrist/psychologist consults, are the responsibility of ADHS with AHCCCS paying claims as the TPA for ADHS.
  - ✓ Inpatient: The recipient's health plan is responsible for UP TO (no more than) 72 hours of inpatient emergency behavioral health services.
    - ☒ The recipient's benefit is not limited to 3 days, only the health plan's responsibility.
    - ☒ A referral to a RBHA/TRBHA should be made as soon as possible after admission.
    - ☒ The RBHA or TRBHA should respond to the referral within 24 hours and evaluate/enroll the patient in the RBHA/TRBHA.



## RESPONSIBILITY FOR EMERGENCY SERVICES (CONT.)

For recipients enrolled with Indian Health Services (IHS) for services provided at non-IHS or non-638 tribal facilities, check to see if the recipient is enrolled with a RBHA or TRBHA

☒ If the recipient is enrolled with a RBHA:

- ✓ Emergency Department: Responsibility of the RBHA is limited to psychiatrist/psychologist consults provided in the emergency department.
  - ☒ Prior authorization for these consults is not required if associated with emergency.
  - ☒ All other **medical** services provided in the emergency department are the responsibility of the AHCCCS Administration (not as TPA for ADHS).
- ✓ Inpatient: Hospitalization for detoxification or a behavioral health disorder is the RBHA's responsibility.

☒ If the recipient is enrolled with a TRBHA:

- ✓ Emergency Department: Claims responsibility of ADHS is limited to a psychiatrist/psychologist consult provided in the emergency department, with AHCCCS paying claims as the TPA for ADHS.
  - ☒ Prior authorization for these consults is not required if associated with an emergency.
  - ☒ All other **medical** services provided in the emergency department are the responsibility of the AHCCCS Administration (not as the TPA for ADHS).
- ✓ Inpatient: Hospitalization for detoxification or for behavioral health disorder is the responsibility of ADHS, with AHCCCS paying claims as the TPA for ADHS.

☒ If the recipient is NOT enrolled with a RBHA or TRBHA:

- ✓ Emergency Department: Claims are the responsibility of ADHS.
- ✓ Inpatient: Claims are the responsibility of ADHS.
  - ☒ A referral to the RBHA should be made as soon as possible after admission.
  - ☒ The RBHA/TRBHA should respond to the referral within 24 hours and evaluate/enroll the recipient in the RBHA/TRBHA.



## **RESPONSIBILITY FOR EMERGENCY SERVICES (CONT.)**

ALTCS elderly and physically disabled (EPD) recipients do not enroll with RBHAs or TRBHAs. (For DES/DDD ALTCS recipients, see Page 19-4.)

- ☒ For recipients enrolled with an ALTCS EPD program contractor:
  - ✓ Emergency Department and inpatient services are the responsibility of the program contractor.
  - ✓ For ALTCS program contractors there is no 3-day limitation of responsibility.
    - ☒ All medically necessary services are covered.
    - ☒ The ALTCS program contractor should be notified within 24 hours of an admission.
- ☒ ALTCS recipients residing in areas not served by program contractors, such as Native Americans living on reservation:
  - ✓ The AHCCCS Administration is responsible for medically necessary outpatient and inpatient services for persons residing in areas that are not served by program contractors.
  - ✓ A tribal case manager should be notified within 24 hours of admission.

## **INPATIENT SERVICES**

Inpatient services include services provided in an acute care hospital or a distinct unit of an acute care hospital, inpatient psychiatric hospital, Level I residential treatment centers, and Level I sub-acute facilities.

Psychiatric hospitals (Provider type 71) and Level 1 sub-acute facilities with more than 16 beds (provider type B6), are considered Institutions for Mental Disease (IMD). Title XIX reimbursement for a member age 21 through 64 is limited to 30 days per admission and 60 days per July 1 – June 30 contract year in an IMD.

## BILLING FOR INPATIENT AND OUTPATIENT SERVICES

In most instances, ADHS is responsible for payment of behavioral health claims and resolution of related claim disputes. This includes both emergency and non-emergency behavioral health services whether received in an inpatient or outpatient setting. Consistent with the ADHS (or its subcontracted RBHA) is responsible for the processing of all behavioral health claims for acute care members enrolled in a RBHA. Similarly, ADHS (or the RBHA) is responsible for adjudication of all claims disputes for this population. Therefore, providers must submit BOTH claims and claims disputes to ADHS (or designated RBHA) within the statutory/regulatory timeframes.

For a list of allowable procedure codes by provider type, refer to the ADHS/DBHS Provider Types and Allowable Procedure Codes Matrix at [http://www.hs.state.az.us/bhs/app\\_b2.pdf](http://www.hs.state.az.us/bhs/app_b2.pdf).

To obtain the AHCCCS Behavioral Health Services Guide, a detailed description of services and limitations, the Behavioral Health Services Guide is available on line at, [www.ahcccs.state.az.us/Publications/BehavioralHealth/behavioralhealth\\_index.asp](http://www.ahcccs.state.az.us/Publications/BehavioralHealth/behavioralhealth_index.asp), or you may

contact the AHCCCS Division of Health Care Management, Behavioral Health Unit, at (602) 417-4737).

- ☒ Inpatient services are billed on the UB-04 claim form and are reimbursed on a per diem basis.
  - ✓ Inpatient services include all services provided during the inpatient stay except those provided by behavioral health independent providers (See Page 19-8).
- ☒ Outpatient hospital services are billed on a UB-04 and reimbursed at the hospital's outpatient pricing methodology.
  - ✓ Outpatient hospital (including emergency room, lab, and radiology) facility charges are considered acute services, regardless of the recipient's RBHA/TRBHA enrollment status.
  - ✓ Psychiatric hospital outpatient clinic (including crisis center, psychiatric urgent care or Level I sub-acute) facility charges are considered behavioral health charges.





## **BILLING FOR PROFESSIONAL SERVICES**

Provider types that can bill for category of service 47 (mental health) include:

- 08 MD-physician with psychiatry and/or neurology specialty code 192 or 195 or with attestation of one-year full-time behavioral health experience
- 11 Psychologist
- 18 Physician assistant with attestation of one year full-time behavioral health experience
- 19 Registered Nurse Practitioner with attestation of one year full-time behavioral health experience
- 31 DO-Physician osteopath with psychiatry and/or neurology specialty code 192 or 195 or with attestation of one-year full-time behavioral health experience
- 85 Certified Independent Social Worker (CISW)
- 86 Certified Marriage and Family Therapist (CMFT)
- 87 Certified Professional Counselor (CPC)

Not all provider types can bill for all services. For a list of allowable procedure codes by provider type, refer to the ADHS/DBHS Provider Types and Allowable Procedure Codes Matrix on-line at [http://www.hs.state.az.us/bhs/app\\_b2.pdf](http://www.hs.state.az.us/bhs/app_b2.pdf).

Claims from the above-listed providers must be submitted under the individual provider ID number. All other behavioral health professionals must be affiliated with a licensed behavioral health agency/facility, clinic, alternative residential facility, or outpatient hospital, and those services must be billed through the affiliated setting.

Services must be billed on a CMS 1500 claim form with appropriate ICD-9 diagnosis codes and CPT procedure codes. AHCCCS does not accept DSM-IV codes. Claims submitted with DSM-IV codes will be denied.

Services are reimbursed at the AHCCCS capped-fee-for-service rate.

## **BILLING FOR METHADONE ADMINISTRATION**

AHCCCS policy allows only four provider types to bill for methadone administration. Provider types 08 (MD-physician), 18 (Physician assistant), 19 (Registered nurse practitioner), and 31 (DO-physician osteopath) may bill the AHCCCS Administration and its contracted health plans and program contractors for methadone administration. These codes are in category of service 01 – Medicine.

Methadone administration must be billed with the following codes:

H2010 Comprehensive medication services, office, per 15 minutes

H0020 Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program), take home

Both codes must be billed with the HG (Opioid addiction treatment program) modifier.



## **Claim Dispute Process for claims with Behavioral Health Diagnosis**

All disputes related to payment of claims with a behavioral health diagnosis, **except those from IHS or 638 facilities**, must be filed with the **Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS)**. **Claims disputes involving HIS or 638 facilities must be filed with the AHCCCS Administration.** All providers are required to file claim disputes no later than 12 months from the date of service, 12 month from the date of eligibility posting, or within 60 days from the date of denial of a timely submitted claim, whichever is later. This means that ADHS/DBHS, or the AHCCCS Administration for purposes of HIS/638 facility claim disputes, must **receive** the claim dispute within the timeframes listed above.

1. For claims **not involving IHS or 638 facilities**, the claim dispute must be filed with ADHS/DBHS at the following address:

ADHS/DBHS Office of Grievance and Appeals  
150 North 18<sup>th</sup> Avenue  
Phoenix, AZ 85007

1. For claim disputes **related to services provided by IHS or 638 facilities**, the claim dispute must be filed with the AHCCCS Administration at the address below:

AHCCCS Office of Legal Assistance  
Mail Drop 6200  
P.O. Box 25520  
Phoenix, AZ 85002

For additional information regarding submission of claim disputes, please refer to Chapter 28 of this manual.

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